Meal Breaks and Mental Health: A Total Worker Health™ approach among hospital nurses

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Outline Presentation

1. Relevance of breaks for health protection and health promotion
2. Total Worker Health™ guiding principles
3. Analytic challenges and empirical strategy
4. Results and implications for basic and applied research
Nurses are always on the run
Relevance of Breaks for Health protection and health promotion

• Rest periods are a marker of Decent Work (ILO)
• Consecutive work hours w/o breaks → risk of:
  • Injury (Tucker, 2003)
  • MSD (Punnett & Wegman, 2004)
  • CVD (Landsbergis, Cahill, & Schnall, 1999)
  • Mental illness (Geiger-brown, Muntaner, Lipscomb, & Trinkoff, 2004)
• Workplace interventions introducing, enforcing or promoting breaks have improved these outcomes (Silverstein & Clark, 2004)
• Breaks may promote workplace physical activity (Sonnentag, 2001), healthy eating (Faugier, Lancaster, Pickles, & Dobson, 2001), leisure and social engagement (Jett & George, 2003)
Challenges for Health Research

• Elucidating the pathway and mechanisms
  • Psycho-physiological factors
  • Types of breaks
  • Socioeconomic distribution

• Individual and Interpersonal factors
  • Coworkers
  • Managers
  • Individual needs and preferences

• Environmental factors
Challenges in a nursing workforce

• Patients before workers
• Job demands, busyness and fast pace
• Internal factors
  • Rotating shifts
  • Commute
  • Second Jobs
• External factors
  • Nurse directors styles
  • Environmental/contextual factors
  • Paid hours
Total Worker Health™

Issues Relevant to a TOTAL WORKER HEALTH™ Perspective

WORKPLACE
Protecting Worker Safety & Health
- Control of Hazards & Exposures:
  - Chemicals
  - Physical Agents
  - Biological Agents
  - Psychosocial Factors
  - Organization of Work
- Prevention of Injuries, Illness & Fatalities
- Promoting Safe & Healthy Work:
  - Management Commitment
  - Safety Culture/Climate
  - Culture of Health
  - Hazard Recognition Training
  - Worker Empowerment
- Risk Assessment & Control:
  - Making the Safety & Health Case
  - Assessing All Risks
  - Controlling All Risks
  - Root Cause Analysis
  - Leading/Lagging Indicators

EMPLOYMENT
Preserving Human Resources
- New Employment Patterns:
  - Precarious Employment
  - Part-time Employment
  - Dual Employers
  - Changing Demographics
    - Increasing Diversity
    - Aging Workforce
    - Multigenerational Workforce
  - Global Workforce
- Health & Productivity:
  - Leadership Commitment to Health-Supportive Culture
  - Fitness-for-Duty
  - Reducing Presenteeism
  - Reducing Absenteeism
  - Workplace Wellness Programs
- Healthcare & Benefits:
  - Increasing Costs
  - Cost Shifting to Workers
  - Paid Sick Leave
  - Electronic Health Record
  - Affordable Care Act
  - HIPAA® Health Information Privacy

WORKERS
Promoting Worker Health & Well-Being
- Optimal Well-Being:
  - Employee Engagement
  - Health & Well-Being Assessments
  - Healthier Behaviors
    - Nutrition
    - Tobacco Use Cessation
    - Physical Activity
    - Work/Life Balance
  - Aging Productively
  - Preparing for Healthier Retirement
  - Policy & Built Environment Supports
- Workers with Higher Health Risks:
  - Young Workers
  - Low-Income Workers
  - Migrant Workers
  - Workers New to a Hazardous Job
  - Differently-Abled Workers
  - Veterans
- Compensation & Disability:
  - Disability Evaluation
  - Reasonable Accommodations
  - Return-to-Work
  - Social Security Disability Insurance

*Issues in these lists are for illustrative purposes, are not meant to be exhaustive nor do they necessarily reflect equivalent importance.
*Health Insurance Portability and Accountability Act

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Total Worker Health™

• Promoting Safe and Healthy Work
• Organizational Culture and Leadership
• Develop a “Human Centered Culture”
• Demonstrate leadership
• Engage mid-level management
Research Questions

• How managers influence workers’ break practices?
• Are meal breaks associated with better mental health?
• How to address endogenous bias?
Methods

• Cross-sectional survey (n=1,594) in 2012
• Patient-care workers under a nursing directors (n=82)
• Outcome: Psychological Distress (K6)
• Exposure: Meal Breaks
  • Worker-level: questionnaire about meal break frequency
  • Manager-level: meal break managerial styles
• Control variables:
  • Staff adequacy
  • Socio-demographic characteristics
  • Occupational characteristics
Analytical Strategy

- Instrument(s)
- Exposure
- Outcome
- Residual confounding
Nurse Directors’ Break Questionnaire

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. staff are supported in leaving the unit for their meal break.</td>
<td></td>
<td></td>
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<tr>
<td>b. staff are able to leave the unit for their meal break.</td>
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<tr>
<td>c. staff are able to take their full meal break.</td>
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</tbody>
</table>
# Workers’ Meal Breaks Questionnaire

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not Applicable/Breaks Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Within the last year, how often have you left the unit for your meal break?</td>
<td></td>
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<tr>
<td>b. How often are you able to take your full meal break?</td>
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<td></td>
</tr>
</tbody>
</table>
Results – Distributions of Meal Breaks

How often are you able to take your full meal break?

- Never
- Rarely
- Sometimes
- Often
- Always

Staff are supported in leaving the unit for their meal break

- Strongly Disagree
- Disagree
- Neither
- Agree
- Strongly Agree
Results

Supervisors’ meal break management

Workers Meal Breaks

Mental Health

Confounders

b = 0.22

b = -0.30
Conclusions

- Nurses who took meal breaks more frequently had more supportive nurse directors.
- Higher frequency in nurses’ meal breaks (conditional on managers’ support) were linked with lower psychological distress.
- Meal breaks are daily opportunities for
  - Recovery from fatigue or personal downtime
  - To facilitate access to healthier meals, to enjoy meals
  - To have leisure moments
Implications for research and practice

• Target factors of the work environment that are relevant for both occupational health and health promotion such as breaks
• Consider multilevel contextual interventions
  • Leadership structure
  • Social norms
  • Incentives
  • Environmental factors
  • Individual needs and preferences
Acknowledgments

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